



California Department of Alcoholic Beverage Control
License Query System Summary as of 01/15/2019

License Information	
License Number:	541548
Primary Owner:	MISTER T LLC
ABC Office of Application:	04 - LAMETRO
Business Name	
HIGHLAND PARK BOWL	
Business Address	
5621-1/2 N FIGUEROA ST	
LOS ANGELES, CA. 90042	
County: LOS ANGELES	Census Tract: 1836.10
Licensee Information	
Licensee: MISTER T LLC	
Company Information	
OFFICER: BA2 LLC (MANAGING MEMBER)	
MEMBER: BA2 LLC	
License Types	
1) License Type:	47 - ON-SALE GENERAL EATING PLACE
License Type Status:	ACTIVE
Status Date:	12-JUN-2014
Term:	12 Month(s)
Original Issue Date:	11-JUN-2014
Expiration Date:	31-MAY-2019
Master: Y	Duplicate: 0 Fee Code: P40
License Type was Transferred On:	11-JUN-2014 From: 47-1982
License Type was Transferred On:	To:
2) License Type:	58 - CATERER PERMIT
License Type Status:	ACTIVE
Status Date:	23-AUG-2014
Term:	12 Month(s)
Original Issue Date:	11-JUN-2014
Expiration Date:	31-MAY-2019
Master: N	Duplicate: 1 Fee Code: P40
License Type was Transferred On:	11-JUN-2014 From: 47-1982
License Type was Transferred On:	To:
Operating Restrictions	
... No Operating Restrictions found ...	
Disciplinary Action	
... No Active Disciplinary Action found ...	
Disciplinary History	
... No Disciplinary History found ...	
Holds	
... No Active Holds found ...	
Escrows	
... No Escrow found ...	

For a definition of codes, view our glossary.

REPORT ON APPLICATION FOR LICENSE

2. DIVISION SOUTHERN		3. DISTRICT/BRANCH LA/METRO		1. PENDING NUMBER 47-541548	
5. APPLICANT NAME(S) MISTER T LLC				4. DATE September 15, 2014	
6. MAILING ADDRESS (Street number and name, city, zip code) (If different from premises address) [REDACTED]				7. <input type="checkbox"/> Temp <input checked="" type="checkbox"/> Perm	
8. DBA HIGHLAND PARK BOWL				9. CENSUS TRACT 1836.10 <i>EM</i>	
10. PREMISES ADDRESS (Street number and name, city, zip code) 5621-1/2 N FIGUEROA ST, LOS ANGELES, CA 90042-4101				11. GEOGRAPHICAL CODE 1933	
12. LICENSES APPLIED FOR 47, 58 [1]		13. TRANSACTION TYPE (If inter-county transfer, show transferor's county) MEMBERSHIP TRANSFER			
14. TEMPORARY PERMIT ISSUED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Effective		15. LICENSES ALREADY HELD 47-541548		16. EFFECTIVE DATE/ESTD COMPLETION DATE WHEN TFRD	
17. COPIES MAILED DATE August 23, 2014	18. DATE PREMISES POSTED 8/25/14	19. 23985.5 DATE N/A	20. DATE PREMISES INSPECTED WAIVED		
21. WHERE POSTED PER ABC-293					
22. PUBLICATION DATE(S) N/A			23. PUBLISHER NAME N/A		
24. TRANSFEROR NAME MISTER T LLC				25. TRANSFEROR LICENSE NUMBER 47-541548	
26. TRANSFEROR ADDRESS (If Prem-to-Prem or Double Transfer) 5621-1/2 N FIGUEROA ST, LOS ANGELES, CA 90042-4101					
27. ALIEN VERIFICATION <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	28. DATE CLEARED	29. FORM NUMBER/NOTATION	30. LIMITED VERIFICATION DATE		
31. PENDING DISCIPLINARY ACTION AGAINST TRANSFEROR NONE					
32. TRANSFEROR'S LICENSE ORIGINALLY ISSUED DURING LAST 5 YEARS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, date:		33. MAIL LICENSE TO D. O. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. HEARING TIME N/A	
35. FORMER LICENSEE AT THESE PREMISES See Line #24				36. LICENSE NUMBER See Line #25	
37. ATTACHMENTS <input type="checkbox"/> Conditions <input checked="" type="checkbox"/> ABC-256 <input type="checkbox"/> ABC-243 <input type="checkbox"/> ABC-226 <input type="checkbox"/> ABC-231 <input type="checkbox"/> ABC-140 <input checked="" type="checkbox"/> ABC-253 <input checked="" type="checkbox"/> ABC-257 <input type="checkbox"/> Other:					
38. REMARKS ABC-140 IN BASE FILE THE TRANSFEREE'S 100% STOCKHOLDER, BA2LLC, IS ON THE P-12 LIST UNDER FILE #463970.					
RECEIVED SEP 16 2014					
Dept. of Alcoholic Beverage Control					
39. RECOMMENDATION APPROVAL	LICENSING REPRESENTATIVE/INVESTIGATOR EDWARD MIMIAGA <i>EM</i>		DATE September 15, 2014 LA/Metro		
APPROVAL	SUPERVISOR MAGGIE PHILLIPS		DATE		
RECOMMENDATION APPROVAL	DISTRICT ADMINISTRATOR WILL SALAO <i>WS</i>		DATE 9/16/14 DIVISION REVIEW <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
RECOMMENDATION	ASSISTANT DIRECTOR		DATE		
SEE PAGE 2 FOR REPORT: 1. MORAL CHARACTER 2. PREMISES 3. FINANCIAL					

REPORT ON APPLICATION FOR LICENSE

2. DIVISION Southern		3. DISTRICT/BRANCH LA/METRO		1. PENDING NUMBER 47-541548 -	
5. APPLICANT NAME(s) MISTER T LLC -				4. DATE 5.29.14	
6. MAILING ADDRESS (Street number and name, city, zip code) (if different from premises address) [REDACTED]				7. <input type="checkbox"/> Temp <input checked="" type="checkbox"/> Perm	
8. DBA MR. T'S BOWL ✓				9. CENSUS TRACT 1836.10 -	
10. PREMISES ADDRESS (Street number and name, city, zip code) 5621-1/2 N FIGUEROA ST, LOS ANGELES, CA 90042 ✓				11. GEOGRAPHICAL CODE 1933 -	
12. LICENSES APPLIED FOR 47, 58 [1] (PENDING)		13. TRANSACTION TYPE (If inter-county transfer, show transferor's county) Transfer Person to Person -			
14. TEMPORARY PERMIT ISSUED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Effective		15. LICENSES ALREADY HELD None		16. EFFECTIVE DATE/ESTD COMPLETION DATE Issuance	
17. COPIES MAILED DATE January 30, 2014 ✓		18. DATE PREMISES POSTED February 1, 2014 ✓		19. 23985.5 DATE N/A	
20. DATE PREMISES INSPECTED 5.18.14		21. WHERE POSTED Per 293			
22. PUBLICATION DATE(S) N/A		23. PUBLISHER NAME N/A			
24. TRANSFEROR NAME JOSEPH G TERESA -				25. TRANSFEROR LICENSE NUMBER 47-1982 -	
26. TRANSFEROR ADDRESS (If Prem-to-Prem or Double Transfer)					
27. ALIEN VERIFICATION <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		28. DATE CLEARED N/A		29. FORM NUMBER/NOTATION N/A	
30. LIMITED VERIFICATION DATE N/A					
31. PENDING DISCIPLINARY ACTION AGAINST TRANSFEROR None					
32. TRANSFEROR'S LICENSE ORIGINALLY ISSUED DURING LAST 5 YEARS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, date:		33. MAIL LICENSE TO D. O. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. HEARING TIME N/A	
35. FORMER LICENSEE AT THESE PREMISES JOSEPH G TERESA				36. LICENSE NUMBER 47-1982	
37. ATTACHMENTS <input type="checkbox"/> Conditions <input checked="" type="checkbox"/> ABC-256 <input type="checkbox"/> ABC-243 <input type="checkbox"/> ABC-226 <input type="checkbox"/> ABC-231 <input type="checkbox"/> ABC-140 <input checked="" type="checkbox"/> ABC-253 <input checked="" type="checkbox"/> ABC-257 <input checked="" type="checkbox"/> Other: orig. 2270 sent to HQ					
38. REMARKS ABC Form 140 is in the base file. ABC Form 203/23038 B & P Code is in the base file.					

39. RECOMMENDATION APPROVAL	LICENSING REPRESENTATIVE/INVESTIGATOR Margot Hoffman	DATE 5.29.14
APPROVAL	SUPERVISOR MAGGIE PHILLIPS	DATE 6/6/14
RECOMMENDATION APPROVAL	DISTRICT ADMINISTRATOR WILL SALAO	DATE DIVISION REVIEW <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
RECOMMENDATION	ASSISTANT DIRECTOR	DATE

SEE PAGE 2 FOR REPORT: 1. MORAL CHARACTER 2. PREMISES 3. FINANCIAL

LICENSING INFORMATION: Department records disclosed that the premises was licensed with a type 40

License from 1947 to 1/3/165. The premises has been licensed as a type 48 by one premises owner: Joseph G. TERESA from 8.6.66 to the present. It should be noted that Joseph Teresa passed away in 2003.

The license is currently being transferred to another party: MISTER TLLC.

Previous 257's disclosed conflicting measurements. On 5.18.14, a site inspection reflected that the premises has not been expanded and that the applicant's measurements of 57' x 186' are correct. The premises showed no indication that the property had been expanded. It should be noted that the bowling alleys have not always been used thus the measurements of the licensed premises may not have included that area of the property in prior 257's.

The applicant plans to utilize the bowling lanes as part of the operation, but will also cover the lanes with a protective flooring to use more of the square footage of the property for special events.

Mr. T's Bowl

This historic Los Angeles bowling alley, live music venue, restaurant and bar, will be brought back to it's originally glory, with an upscale and sophisticated twist.

Our goal is to restore the 8 standard size vintage bowling lanes with modern technology, while utilizing and conserving as much of the existing natural foundation.

The entire space will be used depending on the event. At times, the daily usage of bowling, dining and drinking enjoyment, will be converted into a quaint venue for live entertainment. In order to accomplish this, the bowling lanes will be covered and preserved in order to utilize space as well as protect the integrity or our restoration.

This type of cover has historically been used and is currently protecting some portion of the existing bowling lanes. Moving forward, we will enhance this method to encompass the entire space in an aesthetic and user friendly manner.

Due to the historical entitlements granted by ABC for the entire footprint of the property, our plans do not expand the existing 186' x 57' entitled space, they merely allow for a more friendly and enjoyable experience for the operators and patrons alike.

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
Edmund G. Brown Jr., Governor

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)

Mister T LLC

P-12 LICENSEE
☒ Yes ☐ No
(If yes, complete form ABC-811)

2. LICENSE TYPE(S) (Check appropriate items)

- 20 Off-Sale Beer & Wine
21 Off-Sale General
40 On-Sale Beer
41 On-Sale Beer & Wine Eating Place
42 On-Sale Beer & Wine Public Premises
☒ 47 On-Sale General Eating Place
☒ 48 On-Sale General Public Premises
☒ Other

3. TRANSACTION TYPE (Check appropriate item)

- Original (New)
Person-to-Person Transfer (check appropriate section):
Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)
☒ Section 24071.1 (Corporate Stock/Limited Partnership)
Section 24071.2 (Limited Liability Company)
Premises-to-Premises Transfer
Exchange
Other

4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)

☐ Yes ☒ No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code)

3621 1/2 N. FIGUEROA ST LA, CA. 90042 LOS ANGELES

6. PREMISES TELEPHONE NUMBER

7. PREMISES ARE INSIDE CITY LIMITS
☒ Yes ☐ No

8. BUSINESS NAME (DBA) YOU WILL USE

HIGHLAN PARK BOWL

9. BUSINESS MAILING ADDRESS (Street number and name, city, zip code)

10. MAILING ADDRESS
☒ Permanent ☐ Temporary

11. ABC LICENSE COST (Item #33a on reverse)

12. SUBTOTAL (Item #33f on reverse)

13. HAS THE APPLICANT(S) EVER BEEN
CONVICTED OF A FELONY?

☐ Yes ☒ No

14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS
OF THE DEPARTMENT PERTAINING TO THE ACT?

☐ Yes ☒ No

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN

RECEIVED

AUG 08 2014

16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.)

Dept. of Alcoholic Beverage Control
LA/Metro

17. ABC LICENSE NUMBER

18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code)

19. PREMISES UNDER CONSTRUCTION

☐ Yes ☒ No

IF YES, LIST ESTIMATED COMPLETION DATE

20. FRANCHISE

☐ Yes ☒ No

21. NAME OF PERSON WE MAY CONTACT (For the applicant)

DMITRY LIBERMAN

22. TITLE OF CONTACT PERSON

MEMBER

23. CONTACT TELEPHONE NUMBER

24. CONTACT E-MAIL ADDRESS

COM

25. PREMISES IS CURRENTLY LICENSED

☒ Yes ☐ No

IF YES, TYPE OF LICENSE

47, 590

26. CURRENT LICENSE IS OPERATING

☒ Yes ☐ No

IF NO, DATE CLOSED

FINANCIAL INFORMATION

27. ESCROW COMPANY'S NAME

ESCROW WORLD INC

ESCROW COMPANY'S ADDRESS

1055 WILSHIRE BLVD STE 1555

TELEPHONE NUMBER

(213) 344-5000

28. BOOKKEEPER/ACCOUNTANT'S NAME

RITA HUSAK

BOOKKEEPER/ACCOUNTANT'S ADDRESS

TELEPHONE NUMBER

29. LANDLORD'S NAME

ACCIPITER INV. INC.

LANDLORD'S ADDRESS

TELEPHONE NUMBER

()

30. MONTHLY RENT

31. LEASE EXPIRATION DATE

32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES

☐ All ☐ Some ☒ None

33. INVESTMENT INFORMATION

COST

a. ABC License

\$ 50,000

b. Furniture/fixtures

c. Inventory

d. Goodwill/non-compete
covenant

e. Leasehold and/or Improvements

f. **SUBTOTAL** (Usually should equal the recorded notice)g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State,
County or City license fees or permits; lease and utility deposits

h. Working capital (approximate)

i. Realty or interest therein

j. **TOTAL INVESTMENT** (Items f through i) (will equal total of amounts listed in item #33)

34. Source of Funds for Total Investment (item #33) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	Gift	John Doe, Brother
\$15,000	Promissory Note	to seller, payable @ \$1,000 per month for 15 months
\$10,000	Loan	from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052

35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a. [REDACTED]	[REDACTED]	[REDACTED]
b. [REDACTED]	[REDACTED]	[REDACTED]

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

36. APPLICANT SIGNATURE (Only one signature needed)

PRINTED NAME

DATE SIGNED

ATTEST (ABC Employee or Notary Public)

DMITRY LIBERMAN 8/8/14



Posting should be accomplished within 5 days from the date of application.

Investigation cannot progress until this completed form, Affidavit of Posting, has been received by this office.

Date of Filing Application: August 23, 2014

Name of Applicant(s): **MISTER T LLC**
Address of Premises: **5621-1/2 N FIGUEROA ST**
LOS ANGELES, CA 90042-4101
License(s) Applied for: **47 - On-Sale General Eating Place**

I hereby certify under penalty of perjury that pursuant to the provisions of Section 23985 of the Alcoholic Beverage Control Act and Rule 109, Title 4, Chapter 1, California Code of Regulations, after filing an application to engage in the sale of alcoholic beverages at the above-designated premises, I did date the posting notice and on said date did post the notice in a conspicuous place on the premises and said notice shall remain posted for a period of at least 30 consecutive days.

NOTICE DATED AND POSTING: 8/25/14

SIGNATURE OF APPLICANT: [Signature]

DATE 8/25/14

Please return within five (5) days to:

Department of Alcoholic Beverage Control
888 S. FIGUEROA ST.
STE 320
LOS ANGELES, CA 90017
(213) 833-6043

RECEIVED
SEP - 2 2014
Dept. of Alcoholic Beverage Control
LA/Metro

Section 23985 and Rule 109,

Section 23985. POSTING NOTICE. After filing an application to engage in the sale of any alcoholic beverage at any premises, notice of intention to so commence shall be posted in a conspicuous place at the entrance to the premises. The applicant shall notify the department of the date when such notice is first posted. No License shall be issued for the premises until the notice has been so posted for at least 30 consecutive days. The notice shall be in such form as the department shall prescribe.

Notice of the application for a license pursuant to Section 24044 shall be posted at the proposed premises after the application is filed and shall remain so posted for at least 30 consecutive days. The applicant shall notify the department of the date when such notice is first posted.

Rule 109. POSTING NOTICE. After filing an application to sell alcoholic beverages at any premises, the applicant shall post on the proposed premises notice of intention to sell alcoholic beverages. The notice shall be at least two feet in length and fourteen inches in width. This notice shall be posted in a conspicuous place which can be readily observed by ordinary passersby at or near the entrance to the premises. In the case of a vacant lot, posting shall be on a post or stake of permanent material, at the midpoint of the largest boundary fronting on a public thoroughfare at a point not more than ten (10) feet from the sidewalk, or roadway in the absence of any sidewalk. This notice must be mounted upon heavy cardboard or wood backing affixed to the post or stake so as to be readily visible from the sidewalk or roadway.

The notice shall remain posted for at least 30 consecutive days.

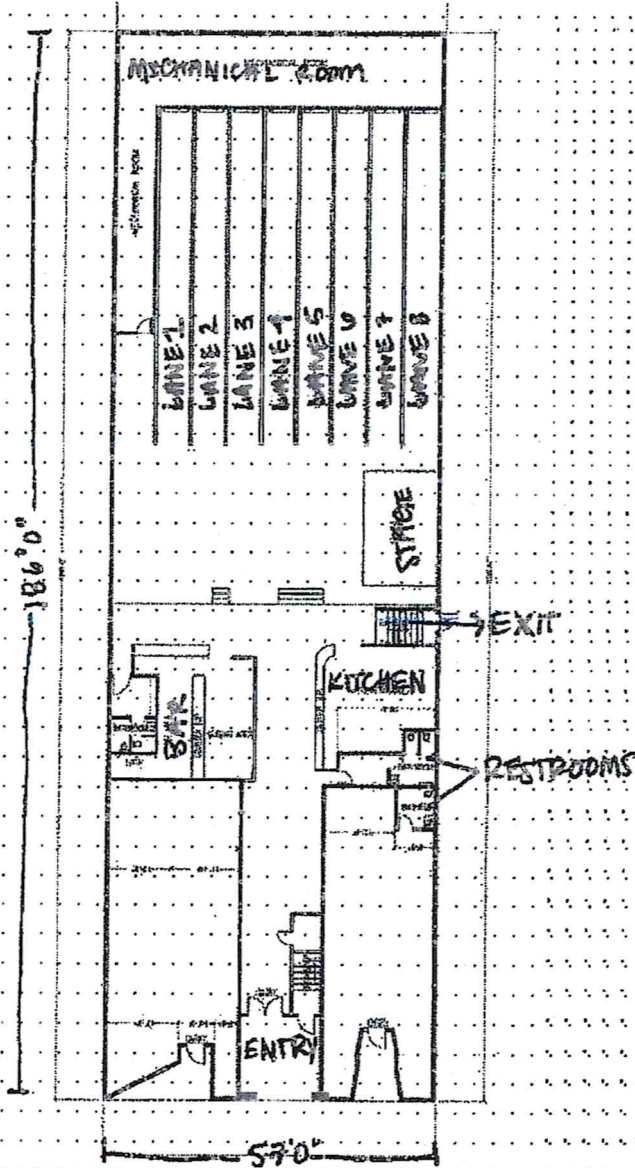
Department of Alcoholic Beverage Control
LICENSED PREMISES DIAGRAM (RETAIL)

State of California

1. APPLICANT NAME (Last, first, middle) <i>Mister T LLC</i>	2. LICENSE TYPE 47,58
3. PREMISES ADDRESS (Street number and name, city, zip code) 5621 1/2 N. Figueroa Street, Los Angeles CA 90042	4. NEAREST CROSS STREET Avenue 57

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions and identification of each room (i.e., "storeroom", "office", etc.).

DIAGRAM



It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required) <i>[Signature]</i>	DATE SIGNED 8/8/14
FOR ABC USE ONLY	
CERTIFIED CORRECT (Signature) <i>[Signature]</i>	PRINTED NAME E. Minaya
INSPECTION DATE WAIVED / CONFIRMED	

ABC-257 (5/05)

RITA GAIL HUSAK
 Commission No. 2028153
 NOTARY PUBLIC-CALIFORNIA
 LOS ANGELES COUNTY
 My Comm. Expires JUNE 9, 2017

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) <u>Mister T LLC ^{RE}</u>				2. LICENSE TYPE(S) 47, 58			
3. PREMISES ADDRESS (Street number and name, city, zip code) 5621 1/2 N. Figueroa Street, Los Angeles CA 90042				4. NEAREST CROSS STREET Avenue 57			
5. TYPE OF BUSINESS (Choose one that best describes the planned operation)							
<input type="checkbox"/> Full Service Restaurant		<input type="checkbox"/> Cafeteria/Hofbrau		<input type="checkbox"/> Cocktail Lounge		<input type="checkbox"/> Private Club	
<input type="checkbox"/> Deli or Specialty Restaurant		<input type="checkbox"/> Comedy Club		<input type="checkbox"/> Night Club		<input type="checkbox"/> Veterans Club	
<input type="checkbox"/> Cafe/Coffee Shop		<input type="checkbox"/> Brew Pub		<input type="checkbox"/> Tavern		<input type="checkbox"/> Fraternal Club	
<input type="checkbox"/> Bed & Breakfast		<input type="checkbox"/> Theater		<input type="checkbox"/> Wine Tasting Room			
<input type="checkbox"/> Supermarket		<input type="checkbox"/> Membership Store		<input type="checkbox"/> Service Station		<input type="checkbox"/> Swap Meet/Flea Market	
<input type="checkbox"/> Liquor Store		<input type="checkbox"/> Department Store		<input type="checkbox"/> Convenience Market		<input type="checkbox"/> Drive-in Dairy	
<input type="checkbox"/> Variety/Drug Store		<input type="checkbox"/> Gift Shop/Florist		<input type="checkbox"/> Convenience Market w/Gasoline			
<input checked="" type="checkbox"/> Other - describe: <u>Restaurant/Bowling Alley</u>							
6. PATRON CAPACITY 110		7. SURROUNDING AREA <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other		8. PREMISES IS LOCATED IN <input checked="" type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units			
9. FOOD SERVICE <input type="checkbox"/> None <input type="checkbox"/> Minimal <input checked="" type="checkbox"/> Full Meals		10. PARKING LOT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. PATIO? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: <input type="checkbox"/> Pizza/Pasta		15. TYPE OF FOOD <input checked="" type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other:				16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: To: LUNCH HOURS From: To: DINNER HOURS From: To:	
17. OPERATING HOURS							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm
Closing Time	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm
18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (*) below)							
<input type="checkbox"/> None		<input checked="" type="checkbox"/> *Amplified Music		<input type="checkbox"/> Patron Dancing		<input type="checkbox"/> Card Room	
<input checked="" type="checkbox"/> Recorded Music		<input checked="" type="checkbox"/> *Live Entertainment		<input type="checkbox"/> Bikini/Topless/Exotic		<input type="checkbox"/> Movies	
<input checked="" type="checkbox"/> Juke Box		<input checked="" type="checkbox"/> *Floor/Stage Shows		<input type="checkbox"/> Pool/Billiard Tables		<input type="checkbox"/> "Hot Spot"/Lottery	
<input type="checkbox"/> *Other		<input type="checkbox"/> Karaoke		<input type="checkbox"/> *Amateur/Pro Sports Events		<input type="checkbox"/> Video/Coin-Operated Games	
*Description: _____							
19. PREMISES IS LOCATED ON <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other				20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input checked="" type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories:			
21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. FIXED BARS? <input checked="" type="checkbox"/> Yes - how many: <u>2</u> <input type="checkbox"/> No		23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? 50%			
FOR ABC USE ONLY							
24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)						25. DATE ENTERED INTO CABIN	

SUPPLEMENTAL DIAGRAM**Instructions to Applicant:**

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle)

Mister T LLC^{nc}

2. LICENSE TYPE

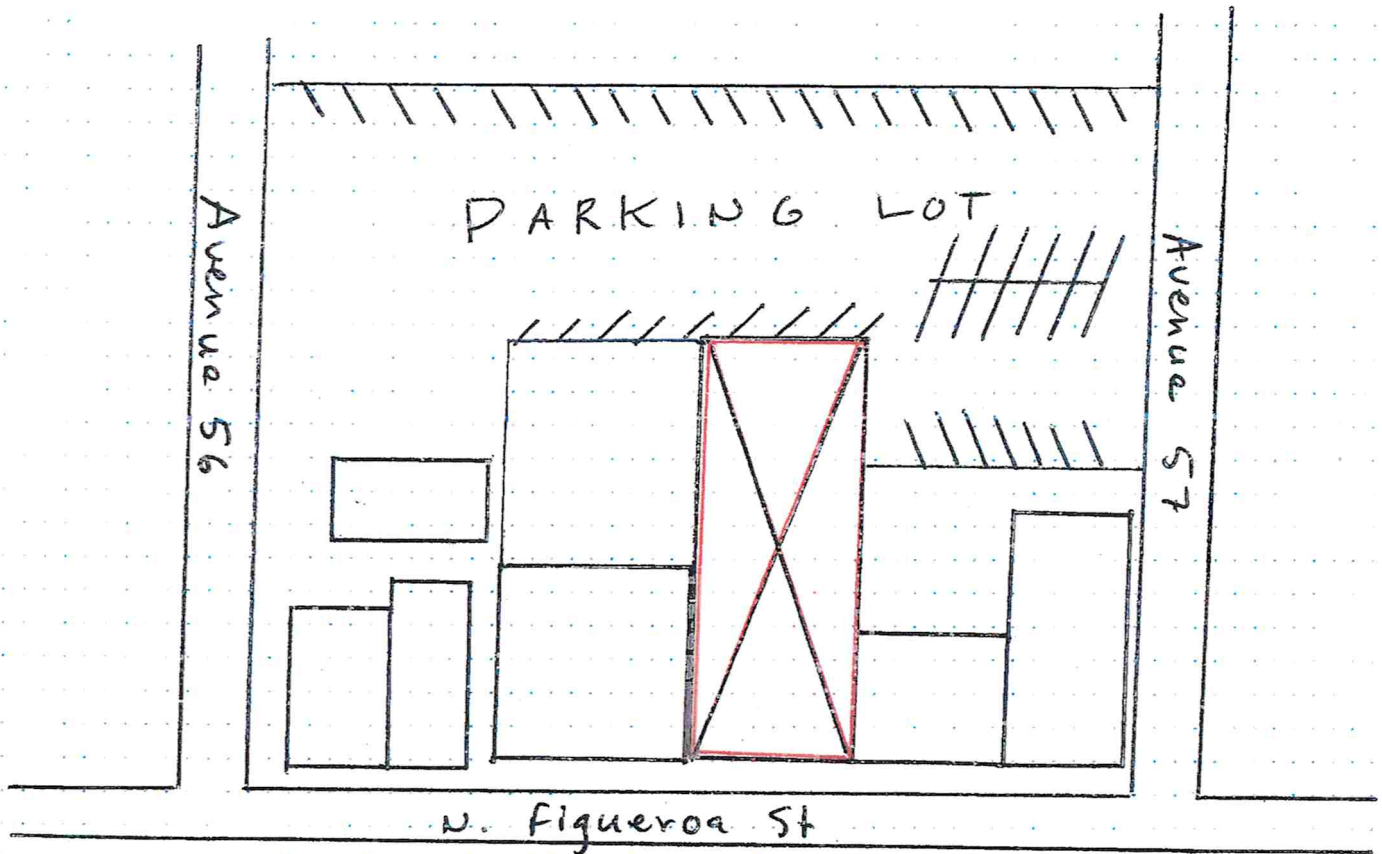
47,58

3. PREMISES ADDRESS (Street number and name, city, zip code)

5621 1/2 N. Figueroa Street, Los Angeles, CA 90042

4. NEAREST CROSS STREET

Avenue 57

DIAGRAM

I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE

DATE SIGNED

8/6/14

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)

PRINTED NAME

E. MIMASA

ABC-253 (rev. 01-11)



INSPECTION DATE: WAIVED/Contro
RITA GAIL HUSAK
 Commission No. 2028155
 NOTARY PUBLIC-CALIFORNIA
 LOS ANGELES COUNTY

CERTIFICATION RE CHAPTER 15 TIED-HOUSE RESTRICTIONS

Instructions

- Type or print clearly in black or blue ink (do not use red).
- This form is to be completed by all applicants, retail and non-retail.
- This form is used to ensure compliance with tied-house laws, which generally prohibit or restrict vertical integration. These laws prohibit vertical integration of the three levels of the alcoholic beverage industry (manufacturer, wholesaler, and retailer). (Section 25500, et seq., Business & Professions Code.)

License Applicant Name (Item 1) – Enter the name of the license applicant. For a limited partnership, limited liability company, or a corporation, the name of the entity.

License Type (Item 2) – Enter the numeric designation for the applied-for license (e.g., Type 21) or a description (e.g., Off-Sale General).

Premises Address (Item 3) – Enter the location of the proposed business.

Applicant Entity (Item 4) – Check the box for the type of business ownership.

Certification (Items 5 & 6) – Check the boxes that apply and explain ownerships, interests, gifts or loans.

Signature (Item 7) – Any one signature for the certifying entity is sufficient (e.g., one general partner; one corporate officer; an LLC member, if member-run; the LLC manager, if manager-run; or LLC officer, if designated).

1. LICENSE APPLICANT NAME <u>Mister T LLC^{nc}</u>		2. LICENSE TYPE <u>47, 580</u>
3. PREMISES ADDRESS (Street number and name, city, zip code) <u>5621 N. FIGUEROA ST. LA CA 90042</u>		
4. APPLICANT ENTITY <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION		
5. CERTIFICATION		

Retail License Applicant

- ☒ The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- ☐ does ☒ does not hold any ownership or interest, directly or indirectly, in the business, property, license, or management of any alcoholic beverage producer, rectifier, importer, or wholesaler, in California or elsewhere.

Non-Retail License Applicant

- ☐ The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- ☐ does ☐ does not hold any ownership, directly or indirectly, in any retail license, or in the premises upon which such retail license is located, or in the furniture, fixtures or equipment in such business.
- ☐ is ☐ is not an agent or employee of a retail licensee.
- ☐ has ☐ has not furnished, given or loaned any money or other thing of value, directly or indirectly, to a retail licensee, or guaranteed the repayment of any loan or obligation owed by such retail licensee.
- ☐ does ☐ does not have an interest in the manufacture, importation, or distribution of distilled spirits products in California or elsewhere.


6. EXPLAIN DETAILS IF YOU CHECKED "IS", "DOES" OR "HAS" IN ITEM 5.

I have read all of the above information and certifications and declare under penalty of perjury they are true, correct, and complete.

7. PRINTED NAME OF PERSON SIGNING FORM <u>THOMAS LIBERMAN</u>	TITLE <u>MEMBER</u>	SIGNATURE <u>[Signature]</u>	DATE SIGNED <u>8/8/14</u>
------------------------------------------------------------------	------------------------	---------------------------------	------------------------------

LIMITED LIABILITY COMPANY QUESTIONNAIRE

Instructions: An individual managing member or designee may sign on behalf of the limited liability company.
Attach a copy of original operating agreement and all amendments.

1. LIMITED LIABILITY COMPANY NAME Mister T LLC		2. TELEPHONE NUMBER	
3. PREMISES ADDRESS (Street number and name, city, zip code) 5621-1/2 N FIGUEROA ST Los Angeles, CA 90042			
4. COMPANY HEADQUARTERS ADDRESS (Street number and name, city, state, zip code) [REDACTED]		5. HEADQUARTERS TELEPHONE NUMBER	
6. COMPANY ATTORNEY'S NAME Adam Sher		7. ATTORNEY'S TELEPHONE NUMBER 213-925-0990	
8. COMPANY ATTORNEY'S ADDRESS (Street number and name, city, state, zip code) N Larchmont Blvd, Los Angeles, CA 90004			
9. DATE LLC-1 FILED WITH SECRETARY OF STATE 12-09-13	10. STATE WHERE LLC-1 FILED WITH SECRETARY OF STATE CA	11. STATE WHERE LLC FORMED CA	12. ARTICLES OF ORGANIZATION (LLC-2 OR LLC-10) HAS BEEN AMENDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. OPERATING AGREEMENT DATE 12-09-13		14. LAST AMENDMENT DATE	
15. The Limited Liability Company will be managed by (check one) <input checked="" type="checkbox"/> One Manager <input type="checkbox"/> More than one Manager <input type="checkbox"/> Members <input type="checkbox"/> Single Member			
16. NAME OF MANAGER(S)			
MANAGER PRINTED NAME BA2, LLC		MANAGER PRINTED NAME	
MANAGER PRINTED NAME		MANAGER PRINTED NAME	
17. NAME OF OFFICERS AUTHORIZED BY ARTICLES OR AGREEMENT			
OFFICER PRINTED NAME		OFFICER PRINTED NAME	
OFFICER PRINTED NAME		OFFICER PRINTED NAME	
18. LIST ALL MEMBERS			
MEMBER'S PRINTED NAME BA2 LLC		PERCENTAGE OF OWNERSHIP [REDACTED]	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
I hereby certify that the above are the present managers, officers, and members of the limited liability company and that each such manager, officer, and member is the real party in interest with respect to his or her position and is not acting, directly or indirectly as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405.2 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the limited liability company and/or entities holding interest in the limited liability company will be reported to the Department as required.			
19. SIGNATURE OF MANAGER OR DESIGNEE 		PRINTED NAME DM HPS LIBERMAN	DATE SIGNED 8/21/14

(Use reverse for additional names if needed)

RECEIVED
SEP - 2 2014
Dept. of Alcoholic Beverage Control
LA Metro

LIMITED LIABILITY COMPANY QUESTIONNAIRE

Instructions: An individual managing member or designee may sign on behalf of the limited liability company.

Attach a copy of original operating agreement and all amendments.

1. LIMITED LIABILITY COMPANY NAME BAZ, LLC		2. TELEPHONE NUMBER (213) 244-7000
3. PREMISES ADDRESS (Street number and name, city, zip code) 5621 N. FIGUEROA ST LA, CA, 90042		
4. COMPANY HEADQUARTERS ADDRESS (Street number and name, city, state, zip code) [REDACTED]		5. HEADQUARTERS TELEPHONE NUMBER [REDACTED]
6. COMPANY ATTORNEY'S NAME ADAM SHER		7. ATTORNEY'S TELEPHONE NUMBER (213) 925-0990
8. COMPANY ATTORNEY'S ADDRESS (Street number and name, city, state, zip code) [REDACTED]		

9. DATE LLC-1 FILED WITH SECRETARY OF STATE 10/13/1998	10. STATE WHERE LLC-1 FILED WITH SECRETARY OF STATE CA	11. STATE WHERE LLC FORMED CA	12. ARTICLES OF ORGANIZATION (LLC-2 OR LLC-10) HAS BEEN AMENDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. OPERATING AGREEMENT DATE 10/13/1998		14. LAST AMENDMENT DATE	
15. The Limited Liability Company will be managed by (check one) <input type="checkbox"/> One Manager <input type="checkbox"/> More than one Manager <input checked="" type="checkbox"/> Members <input type="checkbox"/> Single Member			

16. NAME OF MANAGER(S)

MANAGER PRINTED NAME	MANAGER PRINTED NAME
MANAGER PRINTED NAME	MANAGER PRINTED NAME

17. NAME OF OFFICERS AUTHORIZED BY ARTICLES OR AGREEMENT

OFFICER PRINTED NAME	OFFICER PRINTED NAME
OFFICER PRINTED NAME	OFFICER PRINTED NAME

18. LIST ALL MEMBERS

MEMBER'S PRINTED NAME DIMITRY LIBERMAN	PERCENTAGE OF OWNERSHIP [REDACTED]	EFFECTIVE DATE [REDACTED]
MEMBER'S PRINTED NAME DIMITRI KOMAROV	PERCENTAGE OF OWNERSHIP [REDACTED]	EFFECTIVE DATE [REDACTED]
MEMBER'S PRINTED NAME ROBERT GREEN	PERCENTAGE OF OWNERSHIP [REDACTED]	EFFECTIVE DATE [REDACTED]
MEMBER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE

I hereby certify that the above are the present managers, officers, and members of the limited liability company and that each such manager, officer, and member is the real party in interest with respect to his or her position and is not acting, directly or indirectly as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405.2 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the limited liability company and/or entities holding interest in the limited liability company will be reported to the Department as required.

19. SIGNATURE OF MANAGER OR DESIGNEE 	PRINTED NAME DIMITRY LIBERMAN	DATE SIGNED 8/8/14
------------------------------------------	-----------------------------------------	------------------------------

(Use reverse for additional names if needed)

This page is part of your document - DO NOT DISCARD



20140791353



Pages:
0002

Recorded/Filed in Official Records
Recorder's Office, Los Angeles County,
California

07/30/14 AT 01:06PM

FEES:	18.00
TAXES:	0.00
OTHER:	0.00
PAID:	18.00



LEADSHEET



201407303300023

00009457169



006318911

SEQ:
02

8/23/14 OK *Smellars*

DAR - Counter (Upfront Scan)



THIS FORM IS NOT TO BE DUPLICATED

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO:

NAME

Escrow World, Inc.

MAILING ADDRESS (Street number and name)

1055 Wilshire Blvd., #1555

CITY

Los Angeles, CA

STATE

ZIP CODE

90017

07/30/2014



20140791353

DO NOT WRITE IN THE SPACE ABOVE.

Government Code

Section 27361.6 reserves space above for exclusive use of County Recorder.

NOTICE OF INTENDED TRANSFER OF RETAIL ALCOHOLIC BEVERAGE LICENSE UNDER SECTION 24071.1 OR 24071.2 CALIFORNIA BUSINESS AND PROFESSIONS CODE

Read instructions before completing.

☐ Notice pursuant to California Business and Professions Code Section 24071.1 (Corporate Stock Ownership) is hereby given that
☐ Issuance of stock ☐ Transfer of stock ☐ Has been made ☐ Is about to be made
and the alcoholic beverage license is about to be transferred to the corporation, as newly constituted.

☐ Notice pursuant to California Business and Professions Code Section 24071.1 (Limited Partnership Ownership) is hereby given that
☐ A new general partner ☐ Has been added ☐ Is about to be added
☐ 50 percent or more of the capital or profits of the partnership ☐ Has been transferred ☐ Is about to be transferred
and the alcoholic beverage license is about to be transferred to the partnership, as newly constituted.

☒ Notice pursuant to California Business and Professions Code Section 24071.2 (Limited Liability Company Ownership) is hereby given that
that
☐ Issuance of membership interest ☐ Has been made
☒ Transfer of membership interest ☒ Is about to be made
and the alcoholic beverage license is about to be transferred to the company, as newly constituted.

1. LICENSEE(S) NAME(S)

Mister T LLC, a California Limited Liability Company

2. FEDERAL TAX IDENTIFICATION NUMBER

47-1412673

3. ADDRESS TO WHICH LICENSE IS ISSUED (Street number and name, city, zip code)

5621-1/2 N. Figueroa St., Los Angeles, CA 90042

4. KIND OF LICENSE INTENDED TO BE TRANSFERRED

ON-SALE GENERAL EATING PLACE, License No. 47-541548 and CATERER PERMIT, License No. 58-541548

5. NAME OF PERSON(S) SELLING OWNERSHIP

Cyrus Galen Etemad, Manager

6. BUSINESS ADDRESS OF PERSON(S) SELLING OWNERSHIP

7. NAME OF PERSON(S) ACQUIRING STOCK, CAPITAL OR PROFITS

BA2, LLC / Dmitry Liberman, Member

8. BUSINESS ADDRESS OF PERSON(S) ACQUIRING STOCK, CAPITAL OR PROFITS

9. CONSIDERATION PAID FOR STOCK, CAPITAL OR PROFITS

\$

PRINTED NAME

DMITRY LIBERMAN

TITLE

MEMBER

SIGNATURE (Please print name)

[Signature]

DATE SIGNED

7/25/14

One copy of this notice, **CERTIFIED** by the County Recorder, together with an additional copy must accompany the application for the transfer of the license.

This is a true and certified copy of the record
If it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk

JUL 30 2014

Deane Logan REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA



DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL



541548

Section 23038
Acknowledgment

If you are licensed as a bona fide public eating place, you must be prepared to serve the usual assortment of foods commonly eaten at different times of the day. Meals do not necessarily have to be served continuously, but at least during the normal breakfast hours, the normal lunch hours, and the normal dinner hours.

Premises must be regularly kept open and in a bona fide manner used for the serving of meals to guests for compensation.

- (1) "Regularly kept open" - Premises which operate as a bona fide public eating place shall be considered regularly kept open provided they make actual and substantial sales of meals during the normal meal hours at least five days a week. Normal meal hours are considered to be:

BREAKFAST	6:00 a.m. to 9:00 a.m.
LUNCH	11:00 a.m. to 2:00 p.m.
DINNER	6:00 p.m. to 9:00 p.m.

Not opening until 9:00 p.m. does not relieve you of having to comply with Section 23038 of the Business and Professions Code. You must still open and operate in good faith as a restaurant, as set forth in this document.

- (2) "Used in a bona fide manner" - Premises will be considered as being used in a bona fide manner if:

- (a) There is a real offer or holding out to sell meals when the premises are open (as provided above.)
- (b) Actual and substantial sales of meals are made to guests for compensation.

Incidental, sporadic or infrequent sales of meals or a mere offering of meals without actual sales shall not be deemed sufficient to consider premises as being used in a bona fide manner.

- (3) "Meals" - Means the usual assortment of food commonly ordered at various hours of the day. The service of such food and victuals only as sandwiches or salads shall not be deemed compliance with this requirement. However, certain specialty entrees, such as: pizza, fish, ribs, etc., and an assortment of other foods, such as: soups, salads or desserts, may be considered a meal.

RECEIVED

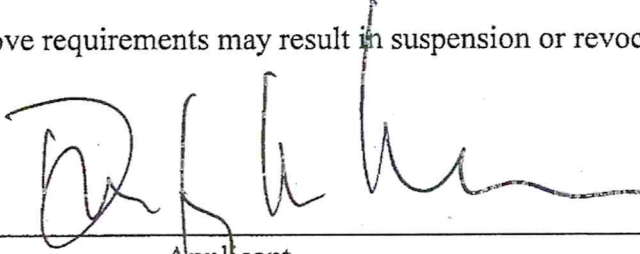
SEP 2 2014
Alcoholic Beverage Control
LA Metro

- (4) Premises must be equipped and maintained in good faith for sales to, and consumption by, the public of meals upon the premises.
- (a) "Equipped and maintained in good faith."
- (i) Premises must possess, in operative condition, such conveniences for cooking foods as stoves, ovens, broilers, or other devices, as well as pots, pans or containers which can be used for cooking or heating foods on the type heating device employed.
 - (ii) Premises must possess the necessary utensils, table service, and condiment dispensers with which to serve meals to the public.
 - (iii) Premises must make an actual offer or holding out of sales of food to the public by such devices as menus, posters or signs.
 - (iv) Premises must possess a supply of goods adequate to make substantial sales of meals.
- (5) Food facilities must be maintained in a sanitary condition and the premises must be equipped with a proper amount of refrigeration for keeping of food on the premises and be equipped with such other facilities as are necessary to comply with all regulations of the local health department.

I understand that failure to comply with the above requirements may result in suspension or revocation of my Alcoholic Beverage License.

Date: _____

8/25/14


Applicant

Witness

Applicant

**ACKNOWLEDGMENT OF ABC
LAWS, RULES AND/OR REGULATIONS**

INTERVIEW DATE

N/A

DISTRICT OFFICE

LA/Metro

LICENSEE/APPLICANT NAME (Print)

MISTER T LLC

BUSINESS NAME (DBA)

PREMISES ADDRESS (Street number and name, city, zip code)

Highland Park Bowl**5621 1/2 N. Figueroa St., Los Angeles, CA 90042-4101**

LAWS AND RULES GIVEN

ABC-527 - Information to Corporate applicants and Licensee's

ABC-533 - Employment of Minors

ABC-545 - Harmful Mater

ABC-571 - FOOD SERVICE, 238038. "Bona Fide Public Eating Place, ""Meals".

ABC-608 - Quick Summary of Selected Laws for Retail Licensee's

ABC-613 - Lead Program Mission Statement

SECTION 23038 Acknowledgement

RECEIVED
SEP - 2 2014
Dept. of Alcoholic Beverage Control
LA/Metro

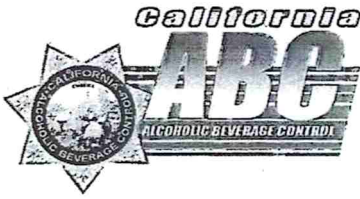
On the above date, I was interviewed and instructed by the above office of the Department of Alcoholic Beverage Control.

During this interview, I was advised of certain laws and rules and was given copies of the laws and rules listed above.

I understand any violation of these laws or rules by me, or my agents or employees, could result in disciplinary action being filed against my alcoholic beverage license(s).

LICENSEE/APPLICANT SIGNATURE

DATE SIGNED



State of California
RECEIPT FOR PAYMENT

Department of Alcoholic Beverage Control

Paid For: MISTER T LLC
Received at: LA/METRO DISTRICT Office

Received: August 23, 2014
Receipt No: 2248953
Total Amount: \$800.00

Payment Method	ID#	Amount	Paid By
		\$800.00	BIG FOOT LODGE LA

Accounting Comment:

Detail Transaction	Job #	Dup	Unit Cost	Quantity	Amount Paid
47 - MBR	541548-140823	0			\$800.00

BY: 

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 888 S. FIGUEROA ST.
 STE 320
 LOS ANGELES, CA 90017
 (213) 833-6043

File Number: **541548**
 Receipt Number: **2248953**
 Geographical Code: **1933**
 Copies Mailed Date: **August 23, 2014**
 Issued Date:

Handwritten initials: MTB

DISTRICT SERVING LOCATION: **LA/METRO**

First Owner: **MISTER T LLC**
 Name of Business: **HIGHLAND PARK BOWL**
 Location of Business: **5621-1/2 N FIGUEROA ST**
LOS ANGELES, CA 90042-4101

County: **LOS ANGELES**

Is Premise inside city limits?

YesCensus Tract **1836.10**

Mailing Address:
 (If different from
 premises address)

Type of license(s): **47, 58**

Transferor's license/name:

Dropping Partner: Yes ☐ No ☒

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
47 - On-Sale General Eating	LLC MEMBERSHIP CHANGE	P40	Y	0	08/23/14	\$800.00
58 - Caterer Permit	LLC MEMBERSHIP CHANGE	NA	N	1	08/23/14	\$0.00
Total						\$800.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
 Department pertaining to the Act? **No**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of LOS ANGELES

Date: August 23, 2014

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s)

Applicant Signature(s)

See 211 Signature Page

MISTER T LLC

APPLICATION SIGNATURE SHEET ("SIGN ON")

- This form is to be used as the signature page for applications not signed in the District Office.
- **Read instructions on reverse before completing.**
- **All signatures must be notarized in accordance with laws of the State where signed.**

1. OWNERSHIP TYPE (Check one)

- ☐ Sole Owner
☐ Partnership
☐ Married Couple
☐ Domestic Partner
☐ Partnership-Ltd
☐ Corporation
☒ Limited Liability Company
☐ Other

2. FILE NUMBER (If any)

541548

3. LICENSE TYPE

47,500

4. TRANSACTION TYPE

- ☐ Original
☐ Exchange
☐ Person to Person Transfer
☐ Premise to Premise Transfer
☒ Other Stock Transfer

5. APPLICANT(S) NAME (Last, first, middle)

Mister T LLC

6. APPLICANT'S MAILING ADDRESS (street address/P.O. box, city, state, zip code)

7. PREMISES ADDRESS (street address, city, zip code)

5621 1/2 N. FIGUEROA ST. LA CA 90042

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer

payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to \$100.

SOLE OWNER

8. PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

PARTNER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

CORPORATION

10. PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

TITLE

☐ President ☐ Vice President ☐ Chairman of the Board

PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

TITLE

☐ Secretary ☐ Asst. Secretary ☐ Chief Financial Officer ☐ Asst. Treasurer
LIMITED LIABILITY COMPANY

BA2 LLC - Managing-Member

11. The limited liability company is member-run

Yes

No

(If no, complete Item #12 below)

12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)

LIBERMAN, DMITRY

13. MEMBER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

KOMAROV, DIMITRI

MEMBER'S PRINTED NAME (Last, first, middle)

SIGNATURE

X

DATE SIGNED

GREEN, ROBERT

"SIGN ON"



RITA GAIL HUSAK
 Commission No. 2026153
 NOTARY PUBLIC-CALIFORNIA
 LOS ANGELES COUNTY
 My Comm. Expires JUNE 9, 2017

LICENSE TRANSFER REQUEST ("SIGN OFF")

<ul style="list-style-type: none"> This form is to be signed by transferors only. Read instructions before completing. All signatures must be notarized in accordance with laws of the State where signed. 	1. DISTRICT OFFICE 04-LA/Metro	2. LICENSE NUMBER 541548
	3. TRANSACTION TYPE <input type="checkbox"/> Exchange <input type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Person to Person Transfer <input checked="" type="checkbox"/> Other Stock Transfer	

4. LICENSEE'S NAME (Transferor/Seller) Mister T LLC	5. APPLICANT'S NAME (transferee/Buyer) BA2, LLC
--------------------------------------------------------	----------------------------------------------------

6. EXISTING PREMISES ADDRESS 5621-1/2 N FIGUEROA ST., LOS ANGELES, CA 90042

7. LICENSEE'S MAILING ADDRESS (Transferor/Seller) [REDACTED]	8. LICENSEE'S PHONE NUMBER [REDACTED]
-----------------------------------------------------------------	------------------------------------------

I hereby request surrender of my license under Section 24045.5(b) of the ABC Act so that a Temporary Permit may be issued to the transferee.

9. SIGNATURE OF TRANSFEROR/SELLER FOR TEMPORARY PERMIT (only one signature required) X			DATE SIGNED
10. RENEWAL DUE DATE 5/31/15	11. SURRENDER DATE	12. TEMP. EFFECTIVE DATE	13. TEMP. EXPIRATION DATE

TRANSFEROR'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee named in the foregoing transfer application, duly authorized to make this transfer application; (2) that he hereby makes application to surrender all interest in the license(s) described above and to transfer same to the applicant and/or location indicated on the upper portion of this form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

SOLE OWNER

14. SOLE OWNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
-----------------------------------------------------	-----------------------	-------------

PARTNERSHIP/LIMITED PARTNERSHIP (signatures of general partners only)

15. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

CORPORATION

16. CORPORATE OFFICER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
------------------------------------------------------------	-----------------------	-------------

TITLE

☐ President ☐ Vice President ☐ Chairman of the Board

CORPORATE OFFICER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
--------------------------------------------------------	-----------------------	-------------

TITLE

☐ Secretary ☐ Assistant Secretary ☐ Chief Financial Officer ☐ Assistant Treasurer
LIMITED LIABILITY COMPANY

17. The limited liability company is member-run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, complete Item #18 below)		
18. NAME OF DESIGNATED LLC MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle) Etemad, Cyrus Galen		ABC INITIALS/DATE (ABC use only)
19. LLC MEMBER'S PRINTED NAME (Last, first, middle) Etemad, Cyrus Galen	SIGNATURE X <i>[Signature]</i>	DATE SIGNED 8/7/2014
LLC MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

ACKNOWLEDGMENT

State of California

County of LOS ANGELES

On 8-7-2014 before me, ANTHONY EMILIO GHIDOTTI

A Notary Public personally appeared CYRUS GALEN CYRUS

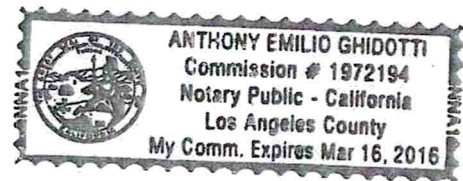
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Anthony Ghidotti



(Seal)